

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40000 OLYMPIA WA 98504-0900 (360) 793-1111 TOLL FREE 1-877-901-3920		LOBBYIST REGISTRATION		L1 (12/14)	THIS SPACE FOR OFFICE USE DATE FILED PDC JUN 16 2015																																												
1. Lobbyist Name Tim Thompson																																																	
Permanent Business Address PO Box 2192				Business Telephone Numbers Permanent (253) 819 1250 Temporary () Cell Phone () or Pager																																													
City Tacoma		State WA		Zip 98401																																													
2. Temporary Thurston County address during legislative session				E-Mail Address tim@thompsonreg.com																																													
3. Employer's name and address (person or group for which you lobby) Alliance for Marine Mammal Parks & Aquarium-Kathleen Dezi 218 N Lee St. Suite 200 Alexandria, VA 22314				Employer's occupation, business or description of purpose of organization International Association representing marine life parks, aquariums, zoos, research facilities and professional organizations																																													
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-8 report.) Kate Babbo				E-Mail Address Kate@thompsonreg.com																																													
5. What is your pay (compensation) for lobbying? \$ 1000.00 per session (hour, day, month, year) Other: Explain:			Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unalarmed officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties																																														
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> No: I am not reimbursed for expenses.			Does employer pay any of your lobbying expenses directly? If yes, explain which ones.																																														
7. How long do you expect to lobby for this organization? <input type="checkbox"/> Permanent lobbyist <input checked="" type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:																																																	
8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year. <input type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input type="checkbox"/> Yes. The list is of parties attached																																																	
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name of the committee is:																																																	
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for Instructions.)																																																	
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: <table border="0"> <tr> <td>CODE</td> <td>SUBJECT</td> <td>CODE</td> <td>SUBJECT</td> </tr> <tr> <td>01 <input type="checkbox"/></td> <td>Agriculture</td> <td>09 <input type="checkbox"/></td> <td>Health Care</td> </tr> <tr> <td>02 <input type="checkbox"/></td> <td>Business and consumer affairs</td> <td>10 <input type="checkbox"/></td> <td>Higher education</td> </tr> <tr> <td>03 <input type="checkbox"/></td> <td>Constitutions and elections</td> <td>11 <input type="checkbox"/></td> <td>Human services</td> </tr> <tr> <td>04 <input type="checkbox"/></td> <td>Education</td> <td>12 <input type="checkbox"/></td> <td>Labor</td> </tr> <tr> <td>05 <input type="checkbox"/></td> <td>Energy and utilities</td> <td>13 <input type="checkbox"/></td> <td>Law and justice</td> </tr> <tr> <td>06 <input checked="" type="checkbox"/></td> <td>Environmental affairs - natural resources - parks</td> <td>14 <input type="checkbox"/></td> <td>Local government</td> </tr> <tr> <td>07 <input type="checkbox"/></td> <td>Financial institutions and insurance</td> <td>15 <input type="checkbox"/></td> <td>State government</td> </tr> <tr> <td>08 <input type="checkbox"/></td> <td>Fiscal</td> <td>16 <input type="checkbox"/></td> <td>Technology</td> </tr> <tr> <td></td> <td></td> <td>17 <input type="checkbox"/></td> <td>Transportation</td> </tr> <tr> <td></td> <td></td> <td>18 <input type="checkbox"/></td> <td>Other - Specify:</td> </tr> </table>				CODE	SUBJECT	CODE	SUBJECT	01 <input type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Health Care	02 <input type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Higher education	03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Human services	04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Labor	05 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Law and justice	06 <input checked="" type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	Local government	07 <input type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	State government	08 <input type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Technology			17 <input type="checkbox"/>	Transportation			18 <input type="checkbox"/>	Other - Specify:	Remarks:	
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.				EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.																																													
12. LOBBYIST'S SIGNATURE Tim Thompson		DATE 6-15-15		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE Kathleen M. Dezi E.D. AMMPA																																													
				DATE 6/16/15																																													

PDC Form L-1 (rev. 12/14)

NOT VALID UNLESS SIGNED BY BOTH